

Business income and extra expense intake. Complete with CWCO-SUP-PROP for building and contents values and ACORD 125/140. Attach the last two years of profit and loss statements and a list of key suppliers and customers. Flood business income uses CWCO-SUP-FLOOD.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
MAIN LOCATION ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Nonprofit

PRIMARY CONTACT / TITLE	PHONE	EMAIL

TYPE OF BUSINESS	NUMBER OF LOCATIONS	EMPLOYEES

2 INCOME & EXPENSE FIGURES

Figures are used to size the limit. Show the last full year and the next 12 months; a worksheet can be completed with your advisor.

ITEM	LAST FULL YEAR (\$, ILLUSTRATIVE)	NEXT 12 MONTHS (\$, ILLUSTRATIVE)

Items: gross revenue; cost of goods sold; net income before tax; continuing payroll (all staff to keep); rent or mortgage; other fixed expenses that continue (loans, insurance, utilities minimums).

BUSIEST MONTH(S) AND % OF ANNUAL REVENUE	BUSINESS INCOME LIMIT REQUESTED (\$)

Coverage options requested (check all):

- ☐ Business income ☐ Extra expense ☐ Extended period of indemnity ☐ Ordinary payroll ☐ Civil authority
☐ Dependent property (suppliers / customers) ☐ Utility service interruption ☐ Monthly limit or agreed value

3 EXPOSURE & RISK QUESTIONS — RECOVERY TIME

In a Federal Reserve survey, 63% of small businesses with disaster losses closed temporarily, and only 30-40% carried business disruption insurance. The median small business holds about 27 days of cash.

ESTIMATED MONTHS TO REBUILD OR RELOCATE AFTER A TOTAL LOSS	LEAD TIME TO REPLACE KEY EQUIPMENT (WEEKS)

3-1 Could the business reopen within 90 days at another location after a fire? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Does any key machine, oven, cooler, or system take more than 8 weeks to replace? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Would permits, code upgrades, or landlord approvals likely delay rebuilding? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-4 Would customers likely go elsewhere permanently after a long closure? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-5 Is there a written business continuity plan, tested in the last year? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-6 Are records, orders, and systems backed up off site or in the cloud? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Is the business in an area exposed to hurricane, wildfire, earthquake, or flood? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — SUPPLIERS, CUSTOMERS & UTILITIES

Contingent business income usually requires physical damage at a supplier's or customer's premises, and courts have denied claims where the damaged party was not a direct supplier.

4-1 Does any single supplier provide more than 25% of key materials or inventory? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Does any single customer account for more than 25% of revenue? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are any key suppliers located outside the U.S.? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Does the business depend on a nearby anchor tenant, attraction, or facility to draw customers? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Would loss of power, water, gas, or internet for more than 24 hours stop operations? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Is there a backup generator or alternate supply for critical utilities? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Could a road closure or government order block access to the business? ☐ Yes ☐ No
IF YES, EXPLAIN

KEY SUPPLIER OR CUSTOMER	LOCATION	% OF SUPPLY OR REVENUE

5 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT PROPERTY / BI CARRIER CURRENT BI LIMIT / WAITING PERIOD EXPIRATION DATE

5-1 Has any carrier declined, cancelled, or non-renewed property or business income coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Has the business had to close or reduce operations for more than 3 days in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE	DESCRIPTION (CAUSE, DAYS CLOSED)	INCOME LOST (\$, ILLUSTRATIVE)	INSURED? (Y/N)

5-3 Is the applicant aware of any incident or circumstance not yet reported that could give rise to a claim? ☐ Yes ☐ No
IF YES, EXPLAIN

6 RISK MANAGEMENT

6-1	Is the business income limit reviewed each year against actual results?	☐ Yes ☐ No
IF YES, EXPLAIN		
6-2	Are there written agreements with backup suppliers or alternate locations?	☐ Yes ☐ No
IF YES, EXPLAIN		
6-3	Are monthly financial records kept in a form that could support a claim?	☐ Yes ☐ No
IF YES, EXPLAIN		

7 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE